

☐ Candidate

Election Year: _

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.	A Publi	A Public Document					
NAME (LAST) TENNEURSHI Rau	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER				
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS				
2000 Evergrean St.,	Suita 100, Sacra	ments CA 9582	5				
1. Office, Agency, or Court		4. Schedule Summ					
Name of Office, Agency, or Court:		► Total number of pages including this cover page:					
Department of Boating and Water		11					
Division, Board, District, if applicable:		► Check applicable schedules or "No reportable interests."					
Your Position: If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency:		I have disclosed interests on one or more of the attached schedules: Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)					
				Position:		Schedule B	- schedule attached
				2. Jurisdiction of Office (Check at least one box)		Schedule C Yes schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
State County of		Schedule D Yes	- schedule attached				
City of	N I		- schedule attached				
☐ Multi-County		Income – Gifts – Travel Pa					
☐ Other		-0	or-				
3. Type of Statement (Check	k at least one box)	No reportable interes	ts on any schedule				
Assuming Office/Initial Date	:	E Varification					
Annual: The period covered is January 1, 2008, through December 31, 2008.		5. Verification I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best					
O The period covered is/_ December 31, 2008.	/, through		nation contained herein and in any				
Leaving Office Date Left:/			erjury under the laws of the State egoing is true and correct.				
O The period covered is January date of leaving office.	1, 2008, through the	Date Signed	3/27/69 (month, day, year)				
O The period covered is/_ the date of leaving office.	/, through	Signature	aland statement with your filling official)				